

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FREE TRANSMITTAL

For FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 225

Complete if Known

Application Number 09/834,208
Filing Date April 13, 2001
First Named Inventor G. Thomas Wolf
Examiner Name M. Mendoza
Art Unit 3761
Attorney Docket No. 0022.010001

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|------------------------------------------------------------------------|---------------------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) |
| - 20 or HP = _____ x _____ = _____ | | |
| HP = highest number of total claims paid for, if greater than 20. | | |
| Indep. Claims | Extra Claims | Fee (\$) |
| - 3 or HP = _____ x _____ = _____ | | |
| HP = highest number of independent claims paid for, if greater than 3. | | |
| Multiple Dependent Claims | | Fee (\$) |
| Fee Paid (\$) | | Fee Paid (\$) |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fees Paid (\$) |
|---------------|--------------|--------------------------------------------------|----------|----------------|
| - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**

Other (e.g., late filing surcharge): Two (2) Month Extension of Time, Notice of Appeal \$250 previously paid 225

SUBMITTED BY

Signature Mary B. Tufg Registration No. (Attorney/Agent) 50,007 Telephone 410-451-2707

Name (Print/Type) Mary B. Tufg, Ph.D. Date June 20, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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June 18, 2007

VIA ELECTRONIC FILING

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: U.S. Patent Application
Appl. No. **09/834,208**; Filed: April 13, 2001
For: **Oxygen Mask**
Inventor: G. Thomas Wolf
Our Ref: 0022-010001

Sir:

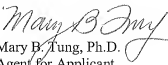
The following correspondence is being submitted for appropriate action by the U.S. Patent and Trademark Office via electronic transmission:

Cover letter;
After Final Reply;
Declaration Under 37 C.F.R. § 1.132 of Jonathan Van Zile, MD;
Declaration Under 37 C.F.R. § 1.132 of Judy Levy, RN/BSN;
Declaration Under 37 C.F.R. § 1.132 of Kathleen Ballman, RN/BSN, MSN;
Declaration Under 37 C.F.R. § 1.132 of Raymond P. Mueller, Jr., RN, EMT-P;
Declaration Under 37 C.F.R. § 1.132 of Sandra M. Wolf Tomlin, RRT;
Request for Extension of Time;
Notice of Appeal; and
Fee Transmittal Sheet.

It is respectfully requested that the following response be considered by the Examiner.

If the Patent Office believes that prosecution may be more efficiently handled by telephone communication, please contact the undersigned at the above telephone number.

Respectfully submitted,


Mary B. Tung, Ph.D.
Agent for Applicant
Registration No. 50,007

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